## **Application Data Sheet**

## **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Title:: SPINAL DISC PROSTHESIS SYSTEM

Attorney Docket Number:: 029815-0101

Request for Early Publication?:: No

Request for Non-Publication?:: No

**Suggested Drawing Figure:** 6

Total Drawing Sheets:: 17

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:; No

## **Applicant Information**

**Applicant Authority Type::** Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Patrick J.

Family Name:: Sweeney

City of Residence:: Flossmoor

| State or Province of                 | Illinois  |                  |               |
|--------------------------------------|-----------|------------------|---------------|
| Residence::                          |           |                  |               |
| Country of Residence::               | US        |                  |               |
| Street of mailing address::          | 1711 Pi   | nehurst Lane     |               |
| City of mailing address::            | Flossmo   | oor              |               |
| State or Province of mailing         | IL · ·    |                  |               |
| address::                            |           |                  |               |
| Postal or Zip Code of mailing        | 60422     | •                |               |
| address::                            |           |                  |               |
|                                      |           |                  |               |
|                                      |           |                  |               |
| Correspondence Information           |           |                  |               |
|                                      | .*        | e. T             |               |
| Correspondence Customer No           | umber:: 2 | 23524            |               |
| E-Mail address::                     | r         | mmanning@foleyla | w.com         |
|                                      |           |                  |               |
| Representative Information           |           |                  |               |
|                                      |           |                  |               |
| Representative Customer              | 23524     | <del></del>      |               |
| Number::                             |           |                  | ·             |
|                                      |           |                  | <u> </u>      |
| <b>Domestic Priority Information</b> |           |                  |               |
|                                      |           |                  |               |
| Application:: Continuit              | ty Type:: | Parent           | Parent Filing |
|                                      |           | Application::    | Date::        |
|                                      |           | 2 16 6           |               |

| Country:: | Application | Filing Date:: | Priority Claimed:: |
|-----------|-------------|---------------|--------------------|
|           | number::    |               |                    |

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|  | <u> </u> |  |   |  |  |
| Assignee Information   |          |  |   |  |  |
|  |          |  | • |  |  |
| Assignee name::  | Spi      | nal Generations  |   |  |  |